

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved
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Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.

SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.

1. CONTRACT / PURCH ORDER NO DAKF11-99-D-0005		2. DELIVERY ORDER NO. 0011		3. DATE OF ORDER 99AUG03		4. REQUISITION / PURCH REQUEST NO. WK4SV4-9188-N221		5. PRIORITY					
6. ISSUED BY ARMY ATLANTA CONTRACTING CENTER INSTALLATON LOGISTICS ENVIRONMENT SECT 1309 ANDERSON WAY SW FORT MCPHERSON GA 30330-1096 MARY ANNE OSBORN S13 (404) 464-4189				7. ADMINISTERED BY (If other than 6) See Block 6				8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)					
9. CONTRACTOR Vendor Id: 00002442 STANLEY ASSOCIATES NAME AND ADDRESS 300 N WASHINGTON ST STE 400 ALEXANDRIA VA 22314				10. DELIVER TO FOB POINT BY (Date) 99OCT15		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED							
12. DISCOUNT TERMS 0% 000 Days Net 030				13. MAIL INVOICES TO See Schedule									
14. SHIP TO SEE SCHEDULE DAKF1199D0005				15. PAYMENT WILL BE MADE BY EFT: T				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER					
16. TYPE OF ORDER DELIVERY PURCHASE		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
NAME OF CONTRACTOR				SIGNATURE				TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)			
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:													
17. ACCOUNTING AND APPROPRIATION DATA / LOCAL USE 21920200000989342013519700000252G000000WK4SV49188N221E7HA00s91533 Award Oblig Amt US\$ 91,637.49													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES / SERVICE				20. QUANTITY ORDERED / ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
		This is a cost plus fixed fee to support the USAREUR European Material Maintenance System. Task order includes logistical areas 1 and 2. Services will be performed inat contractor's site. Period of Performance: 31 Jul - 15 Oct 99. Contractor shall invoice per schedule.											
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY: MARY ANNE OSBORN S13 <i>Mary Anne Osborn</i> 30 Aug 99 CONTRACTING / ORDERING OFFICER				25. TOTAL \$ 91637.49					
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				27. SHIP. NO.		28. D.O. VOUCHER NO.		29. DIFFERENCES		30. INITIALS		31. AMOUNT VERIFIED CORRECT FOR	
32. I certify this account is correct and proper for payment. DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER				33. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		34. PAID BY		35. CHECK NUMBER		36. BILL OF LADING NO.		37. S/R VOUCHER NO.	
38. RECEIVED AT		39. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOT. CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			